P1200068889

(Requestor's	Name)	
(Address)		
(Address)		
(City/State/Zip	o/Phone #)	
	. —	
PICK-UP W	AIT MAIL	
(Business En	ity Name)	
(Document Number)		
•		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Officeل	tse Only	
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COVER LETTER

Department of State New Filing Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: SUNSHINE INVESTMENT LMC INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the are \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: LUIS M COLON Nan 3251 WICKHAM AVE	ne (Printed or typed) Address
KISSIMMEE, FL 3474	1 y, State & Zip
407-744-8184 Daytime	Telephone number
rgbookkeeping@aol.coi E-mail address: (to be us	m ed for future annual report notification)
NOTE: Please provide the	original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing	address, if different is:
	3251 WICKHAM AVE	-	
	KISSIMMEE, FL34741	<u>- </u>	
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is:		
EVERY AN	D ANY LAWFUL BUSSINESS		E 6 7 4
			AUG
			-9 -9
ARTICLE IV			AS R C
The number of sh	nares of stock is:100 SHARE		- 10a
		arong.	
	INITIAL OFFICERS AND/OR DIRECT		22
Address:	3251 WICKHAM AVE		
Addiess.	KISSIMMEE, FL 34741		
Nama and	Tide MICHEL COLON CEC	Name and Title	
Address:	Title: MIGUEL COLON SEC 3251 WICKHAM AVE		
Address.	KISSIMMEE, FL 34741		
Name and	Title:	Name and Title	
Address:		Address:	
ADTICI E VII	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name:	GEORGE C DAHL	<u>, </u>	
Address:	12250 MENTA ST. SUITE 10	5	
	ORLANDO, FL 32837		
ARTICLE VII	INCORPORATOR		
The name and ac	ddress of the Incorporator is:		
Name:	LUIS M COLON		
Address:	3251 WICKHAM AVE		
	KISSIMMEE, FL 34741		
	med as registered agent to accept service of p		
this certificate, I	am familiar with and accept the appointment a	is registered agent and agree to	act in this capacity
12.	ρ ΩH		8/6/2010
- GHZ	e 6 194 (8/6/2012
	Required Signature/Registered Agent	l	Date
I submit this doc	cument and affirm that the facts stated herei	n are true. I am aware that the	e false information submitted in a
	Department of State constitutes a third degree		
	« (10 M/)		0/0/2013
	= 111 td	•	p 1619012
	Required Signature/Incorporator		Date